

Preauthorization Process

1. The Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) Rule 134.600(p) lists the non-emergency health care that requires preauthorization.
2. The health care provider or injured employee files a request for preauthorization of the proposed health care. (Rule 134.600(f)).
3. The insurance carrier is required to contact the health care provider or injured employee within three (3) working days after the request with a decision to approve or deny the proposed health care. (Rule 134.600(i)).
4. In both network and non-network claims, the health care provider or injured employee has 30 days to request reconsideration of a denial. A letter of medical necessity should be included with the request for reconsideration. Under Rule 133.308, an injured employee with a **life-threatening condition**, as defined in Rule 133.305, is **not required to request reconsideration** and can immediately request review by an Independent Review Organization (IRO).
5. The insurance carrier is required to respond to a reconsideration request as soon as practicable but not later than the 30th day after receipt of the request. (Rule 134.600(o)).

If the request for reconsideration is denied, the health care provider or injured employee has 45 days to request an IRO by filing the LHL009 form with the insurance carrier or utilization review agent (URA), whichever issued the denial, attaching the two requests and two denials.

6. The insurance carrier will forward the request for an IRO to TDI within one working day of receipt by the insurance carrier or URA, and TDI assigns the IRO. (Rule 133.308 (h) and (j)).
7. The insurance carrier or its URA submits documents to the IRO. (Rule 133.308(k)).
8. Time frames for the IRO to render a decision are covered in Rule 133.308(n).
 - For life-threatening conditions, no later than eight (8) days after IRO receipt of the dispute.
 - For preauthorization disputes, no later than 20 days after IRO receipt of the dispute.
9. If the IRO upholds the determination that the health care is not medically necessary, the decision (regardless of whether it is a network or non-network claim) must be appealed by requesting a medical contested case hearing with TDI-DWC. A Form DWC-049 and a copy of the IRO decision must be filed with TDI-DWC's Chief Clerk of Proceedings no later than the 20th calendar day after the date the IRO decision is sent to the party. (Tex. Lab. Code § 413.0311, Tex. Ins. Code § 1305.356, and Rule 133.308(s)).
10. If TDI-DWC upholds the decision of the IRO, the injured employee can appeal the TDI-DWC decision in the Travis County District Court no later than 45 calendar days after the date TDI-DWC mailed the party the decision of the hearing officer. The mailing date is considered to be the fifth (5th) day after the date the hearing officer's decision was filed with TDI-DWC. (Travis County Courthouse, 1000 Guadalupe Street, 3rd Floor, Austin, Texas 78701, telephone number (512) 854-9457.)

